

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohana Care Maui LLC	CHAPTER 700
Address: 1464 Lower Main Street, Unit 211, Wailuku, Hawaii 96793	Inspection Date: October 30, 2020 Biennial

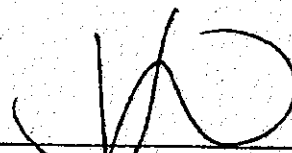
THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 <u>Policies and procedures.</u> (1) A home care agency shall have policies and procedures that include:</p> <p>The scope of services offered, the conditions under which they are offered, and the geographic coverage;</p> <p><u>FINDINGS</u> Client #1- Service plan, under the notes section, states that "case manager to call MD for orders", and this task is beyond the scope of services.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We have removed this from that client's POC & instructed our RN supervisor/Manager that she cannot step outside of our scope of practice. Gave her a copy of the home care license guidelines.</p>	

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<input checked="" type="checkbox"/>	<p>§11-700-8 <u>Policies and procedures.</u> (1) A home care agency shall have policies and procedures that include:</p> <p>The scope of services offered, the conditions under which they are offered, and the geographic coverage;</p> <p><u>FINDINGS</u> Client #1- Service plan, under the notes section, states that "case manager to call MD for orders", and this task is beyond the scope of services.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We will be sure everyone has a copy of our home care license guide lines & that everyone understands what they can & cannot do under this license.</p> <p>→ our RN, Elisa, will ensure everyone stays w/in their scope & will be doing random checks on all staff.</p>	

Licensee's/Administrator's Signature: _____



Print Name: _____

Jessika Galvez

Date: _____

1/29/2021